United States Patent and Trademark Office
- Sales Receipt -

04/03/2006 SBLIZZAR 00000007 500246 10028010

01 FC:1202 350:00 DA 02 FC:1201 200:00 DA

Adjustment date: 11/03/2006 SFELEKE1 500246 10028010 1 FC:1202 350.00 CR 02 FC:1201 200.00 CR

Allen, George (Royal)

From: Mary Keller [mkeller@bitlaw.com]

Sent: Wednesday, September 27, 2006 11:44 AM

To: Allen, George (Royal)

Subject: Fwd: Deposit Acct. 500246 [X200606137151]

George,

I sent an email to the address below today in follow up to the reference number listed above. They wrote back and referred me to you. Could you please update me on the status of our request?

Thanks for your help. Mary Keller

Begin forwarded message:

From: "DaAdmin" < <u>DaAdmin@USPTO.GOV</u>>

Date: June 14, 2006 9:36:16 AM CDT

To: mkeller@bitlaw.com

Subject: Re: Deposit Acct. 500246 [X200606137151]

Your request has been forward to Refunds for processing to the program area that charged the fees. A letter will be sent when refund request has been reviewed and/or credit back to deposit account.

Thank you, 6500

Deposit Account Branch (571) 272-

----Original Message-----

From: Mary Keller

Sent: Tuesday, June 13, 2006 4:14 PM

To: DaAdmin

Subject: Deposit Acct. 500246

On our April 2006 statement there were two charges on 4/3 for our docket #2451. We filed a response to Office Action on 2/17/2006. The first charge of \$350 covered 7 additional claims for a large entity, and the second charge was for \$200, covering one independent claim for a large entity.

Our client is a small entity and we included payment with the response (copy of cashed check attached) in the amount of \$500, which was in payment of \$175 (\$25 x 7 additional claims), \$100 (\$100 x 1 additional independent claim) and \$225 (two-month extension fee) all for small entity. A copy of our fee transmittal is also attached for your reference.



Please credit these amounts back to our Deposit Account as soon as possible. If you have any questions, please feel free to contact me.

Thank you for your assistance.

Mary Keller Beck & Tysver, P.L.L.C. 2900 Thomas Ave. S., Suite 100 Minneapolis, MN 55416 612-915-9633 Fax: 612-915-9637

9/27/06

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008, OMB 0651-0032
U.S. Patani and Tredemark Office; U.S. DEPARTMENT OF COMMERCE Under the Penerson't Reduction Act of 1995, no persons are received to respond to a collection of information unless it displays a valid OMR control number Complete if Known Pffective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/028,010 Application Number FEE TRANSMITTA Filing Date 12/21/2001 For FY 2005 Steven R. Soltis First Named Inventor Examiner Name Chirag R. Patel Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT \$500.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) IMoney Order Other (please identify): Credit Card Deposit Account Name: Beck & Tysver, P.L.L.C. Deposit Account Deposit Account Number 500246 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.18 and 1.17 ✔ Credit any overpayments WARNING; biformation on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** FILING FEES SEARCH FEES Small Enfity Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (S) Application Type Fee (\$) Fee (\$) Fee (3) 200 100 500 250 Utility 300 130 65 200 100 100 50 Design 300 150 160 200 100 Plant 600 300 300 150 500 250 Reissue **Provisional** 200 100 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 50 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 180 360 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Total Cialma Extra Claims Fpe (\$) Fee (\$) Fee Paid (\$) - 20 or HP = HP . highest number of total claims paid for, if greater than 20. Indep, Claims Extra Claims Fee (8) Fee Paid (\$) 100 -3 or HP = HP = highest number of independent claims paid for, if greater than 3.

sheets Total Si	- 100 = / 50 =	er of each additional 50 of maction in		Fees Paid (\$)
Other (e.g., late filing surcharge): Two-month Extension of Time (small entity)				\$225
SUBMITTED BY	D.C. Cr	Registration No. (Attorney/Agent) 35,728	Telephone 812	2-015-9633

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50

APPLICATION SIZE FEE

Name (Print/Type) Daniel A. Tysver

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to fise (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including authering, preparing, and submitting this completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

7/17/06

Date

